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PROPOSING A PREVENTIVE COUNSELING PROGRAMME TO PROMOTE POSITIVE HEALTH BEHAVIORS AMONG ADOLESCENTS

Soumia Harbouche*

Abstract. This paper seeks to attempt to develop a preventive counseling program to promote the adoption of positive health-related behaviors among school-going adolescents, due to the need to address health issues by developing integrated programs aimed at preventing risky health practices among adolescents. The importance of this research is due to the fact that it responds to the need to change the lifestyles of adolescents, in addition to training on preventive counseling and how to use it. In order to do so, it is necessary to develop our knowledge about the lifestyles and quality of life of adolescents, especially in our societies, as well as the necessary knowledge of all the factors that intervene and control their practice of various health behaviors, which would control the health status of our youth, and determine their lifestyle and quality of life. Human health is the true measure of one's happiness, well-being, and vitality. It holds the essence of life's continuity, as individuals cannot engage in their lives and perform their usual activities without enjoying good health. Thus, health is considered one of the fundamental issues that have garnered significant attention from scientists across various disciplines and fields, becoming a paramount concern in development across societies.

Keywords: Preventive program; Healthy Behavior; Risky behavior; Promoting healthy behavior; Adolescents

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ПРЕДЛОЖЕНИЕ ПРОФИЛАКТИЧЕСКОЙ КОНСУЛЬТАТИВНОЙ ПРОГРАММЫ ПО ФОРМИРОВАНИЮ ПОЗИТИВНОГО ЗДОРОВЬЕСБЕРЕГАЮЩЕГО ПОВЕДЕНИЯ У ПОДРОСТКОВ

Сумия Харбуш*

Абстракт. Данная статья направлена на разработку профилактической консультативной программы, ориентированной на формирование и продвижение позитивных моделей здоровьесберегающего поведения среди подростков школьного возраста. Актуальность исследования обусловлена необходимостью решения проблем здоровья путем разработки комплексных программ, направленных на профилактику рискованных форм поведения в подростковой среде. Значимость данного исследования заключается в его ориентированности на изменение образа жизни подростков, а также на развитие профилактического консультирования и методов его применения. Для достижения этой цели необходимо углубление знаний об образе жизни и качестве жизни подростков, особенно в рамках наших обществ, а также всестороннее изучение факторов, влияющих и регулирующих различные формы их здоровьесберегающего поведения. Эти факторы определяют состояние здоровья молодежи, их образ жизни и общее качество жизни. Здоровье человека является подлинным показателем счастья, благополучия и жизненной активности. Оно составляет сущность непрерывности жизни, поскольку без надлежащего уровня здоровья человек не способен полноценно участвовать в социальной жизни и осуществлять повседневную деятельность. В связи с этим здоровье рассматривается как одна из ключевых проблем, привлекающих значительное внимание ученых различных дисциплин и областей знаний и занимающих приоритетное место в процессе развития современных обществ.

Ключевые слова: Профилактическая программа; Здоровое поведение; Рискованное поведение; Формирование здорового поведения; Подростки

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YENİYETMƏLƏRDƏ MÜSBƏT SAĞLAMLIQ DAVRANIŞLARININ TƏŞVİQİ ÜÇÜN PROFİLAKTİK MƏSLƏHƏT PROQRAMININ TƏKLİF EDİLMƏSİ

Sumiya Harbuç*

Abstrakt. Bu tədqiqat məktəbyaşlı yeniyetmələr arasında sağlamlıqla bağlı müsbət davranışların mənimsənilməsini təşviq etmək məqsədilə profilaktik məsləhət programının hazırlanmasına yönəlmışdır. Tədqiqatın aktuallığı yeniyetmələr arasında riskli sağlamlıq davranışlarının qarşısının alınmasına yönəlmış integrativ programlara artan ehtiyacla izah olunur. Araşdırmanın əhəmiyyəti, yeniyetmələrin həyat tərzinin dəyişdirilməsinə, eləcə də profilaktik məsləhətin mahiyyəti və onun tətbiqi üsulları üzrə təlimlərin təşkili zərurətinə cavab verməsindədir. Bu məqsədlə, xüsusilə cəmiyyətlərimizdə yeniyetmələrin həyat tərzi və həyat keyfiyyəti haqqında biliklərin genişləndirilməsi, həmçinin onların müxtəlif sağlamlıq davranışlarının formallaşmasına təsir göstərən və nəzarət edən bütün amillərin dərindən öyrənilməsi zəruridir. Bu amillər gənclərin sağlamlıq vəziyyətini, həyat tərzini və ümumi həyat keyfiyyətini müəyyən edir. İnsan sağlamlığı xoşbəxtliyin, rifahın və həyat enerjisinin əsas göstəricisidir. Sağlamlıq həyatın davamlılığının əsas mahiyyətini təşkil edir, çünki fərdlər yaxşı sağlamlıq vəziyyəti olmadan gündəlik fəaliyyətlərini yerinə yetirə bilməzlər. Buna görə də sağlamlıq müxtəlif elmi sahələrdə çalışan alımlərin diqqətini cəlb edən əsas məsələlərdən birinə çevrilmiş və cəmiyyətlərin inkişafında prioritet mövqə tutmuşdur.

Açar sözlər: Profilaktik program; Sağlam davranış; Riskli davranış; Sağlam davranışların təşviqi; Yeniyetmələr

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1. Introduction

Health-related behavior stands as a cornerstone of public health, gaining prominence as a foundation for medicine, health prevention, and health promotion. Behavioral factors play a crucial and serious role in determining the main causes of death and the prevalence of chronic diseases (such as heart diseases, cancer, and strokes), where the most common behavioural contributions to mortality include: Alcohol and tobacco use, dietary patterns, sexual behaviour, physical activity, driving habits, and illicit drug use [Glanz & Maddock, 2002].

Human behaviours play a crucial role in the prevention, control, treatment and rehabilitation of most health issues. These behaviours can be focused on decisions or be structured to become ingrained habits. Therefore, a healthy lifestyle is more than just eliminating bad and harmful habits. It entails a way of living that can significantly reduce the risk of disease or increase life chances in a healthy manner [Hubley, 1993].

Health behaviour remains an individual, personal behavior that has an effective impact on health. Individuals engage in health-related behaviours at a specific frequency and for a specific purpose, whether consciously or unconsciously. Thus, many fundamental factors affecting health are determined through this individual personal behavior: Lack of physical activity, tobacco and alcohol consumption, reckless driving pose health risks, whereas regular physical activity and a healthy diet have numerous benefits for health.

Accordingly, adolescence has become a focal point for scholars in the fields of psychology and social sciences. Most health-related studies have considered this age group (adolescence) as a ground on which their fertility can be measured to predict the emergence of good health behaviors. It can also be cultivated through awareness and behavior modification programmes if it produces unhealthy behaviors. Research and studies have led to comprehensive insights into adolescent health across various dimensions, including social, cultural, economic, intellectual, and personal. For instance, a study on healthy dietary behavior among European students identified significant associations between health behavior and gender, weight, social status, dietary beliefs, and nutritional knowledge. Additionally, gender, health status and dietary beliefs were significantly associated with the adoption of healthy eating habits [Wardle, et al, 1997].

Additionally, the study of Yasmin Jaafar, Mustafa Afifi, Fatima Al-Ajami, and Khaled Al-Wahishi (2006) attempted to investigate some of the behaviors practiced that negatively affect health among Omani adolescents, namely current smoking, past alcohol consumption, succumbing to peer pressure to use drugs, driving without a licence, driving at high speed, and engaging in a

violent fight during the past month. The study also examined the factors associated with these behaviors and found that significant proportions of adolescents adopt all of the aforementioned risky behaviours. Moreover, The study identified masculine gender and low self-reliance as the strongest factors prompting the adoption of risky behaviors [Jaffar, Afifi, Al-Ajami & Al-Wahishi, 2006].

Indeed, the perception of health as something worth preserving only emerges at the end of adolescence. During adolescence, individuals often prioritize the immediate gratification of their desires and tend to view health as being contingent upon external factors, making them less connected to discussions about health prevention. Poor health is rarely perceived by adolescents as a disease in the pathological sense; rather, it is a decline in overall well-being, through self-reporting and perception of oneself and the world around them. Furthermore, "being unhealthy" is primarily related to emotional and relational disturbances, rather than a specific pathological condition. Similarly, Adolescents may conceptualize health in terms of negation (i.e., not being sick) or in the context of recovery and care (hospital, medication, treatment, etc.) [Bantuelle & Demeulemeester, 2008. p.36]

On the other hand, in addition to the positive growth aspects of adolescence, it is a stage marked by a multitude of challenges and disturbances. This is partly due to the increase in risk factors associated with adolescence, which tend to escalate with age. While risky behaviors are considered a normative part of adolescence, they are a cause for concern among parents, peers, teachers, clinicians, researchers, and society, as they often threaten both the present and future health of adolescents.

According to a survey on adolescent health and problems conducted by the US Department of Health in 1975, it was revealed that half of adolescents report experiencing various physiological disorders, with 24% being underweight and 20% overweight. Consequently, physical health issues tend to be more severe during adolescence than childhood [Watson & Lindgren, 2004, p.585].

According to global estimates, approximately 20% of adolescents worldwide have encountered a mental health or behavioural issue. Depression ranks as the primary disorder affecting adolescents aged 15 to 19, while suicide is among the top three leading causes of death in the age group spanning 15 to 35 years. Additionally, half of all persistent mental disorders manifest before the age of 14, with nearly 70% emerging by the age of 24 [UNICEF, 2011, p.78].

Furthermore, the vast majority of tobacco users start using tobacco during adolescence. Currently, there are over 150 million young people using tobacco worldwide, with this number is steadily increasing worldwide, particularly among girls [World Health Organization, 2011].

Moreover, the prevalence of alcohol consumption among young people in many countries has increased harmfully. Reports indicate that 14% of adolescent girls and 18% of adolescent boys aged 13 to 15 years consume alcohol in low-income countries. This phenomenon leads to loss of self-control and increased risky behaviors. It is worth mentioning that harmful alcohol consumption is one of the main underlying causes of injuries (including road traffic accidents), violence (especially domestic violence), and premature deaths [World Health Organization, 2011].

In light of the above, there is a need to address this issue by developing comprehensive programmes to prevent risky health practices among adolescents. This research gains importance as it aims to promote the adoption of positive health behaviors among adolescents. Its significance is further increased by:

- * Addressing the health behaviors adopted by adolescents that threaten their quality of life and psychological, social, and health well-being.
- * Increasing training in preventive counseling and training on how to use it effectively.
- * Contributing to equip adolescents and youth with healthy lifestyles, thus improving their quality of life if the programme is implemented.
- * Represents a conscious and urgent response to the current reality faced by adolescents.
- * Responds to the recommendations of previous studies and graduate theses emphasizing the need for specialized programmes for health and preventive education for youth and adolescents.

2. Research Objective

The primary objective of this research is to develop a proposed preventive counseling programme aimed at promoting the practice of positive health behaviors among adolescents.

3. Scope of the Research

The current research focuses on building a preventive counseling programme to promote the practice of positive health behaviors among adolescents within educational institutions (middle schools, high schools).

4. Study Concepts:

4.1. Preventive Counseling Programme

Counseling programmes serve as the interface of psychological counseling, representing that counseling practice is a combination of a set of interactions (science, art, practice, education, learning, teaching).

A counseling programme is "a set of organised and planned procedures in light of scientific and educational foundations based on certain principles and techniques aimed at providing comprehensive assistance to the individual so

that he can solve or cope with the problems he encounters in his life" [Hamdi Abdel-Azim, 2012, p.13]

As for the preventive counseling programme, it aims to guide individuals, raise their awareness, and direct them on topics related to their various life stages and the psychological environment surrounding them at home, school, and the society in general, such as adolescence, mental health, the importance of volunteer work, and the risks of addiction and smoking [Amira Hashim, 2008, p.211].

4.2. Positive Health Behaviour

Health behaviour is defined as: "any behaviour or activity that is part of daily life, but which affects individual's health status. It includes almost all behaviours or activities that can have an impact on health. In this context, it may be useful to make health behaviours part of the lifestyle of an individual or group" [Banque de donnée de la santé publique, 2013].

Gochman defines health behavior as: "Those personal qualities such as beliefs, motives, values, perceptions, and other cognitive elements, as well as emotional and affective states, traits, and patterns of overt behavior, actions, and habits that relate to health maintenance, restoration, and promotion of health" [Glanz & Maddock, 2002].

Hubley regards it as: "The actions taken by healthy individuals for themselves or others to promote health and prevent disease (exercising, good health practices, etc.), and to minimize health hazards, such as smoking, excessive alcohol consumption, accidents, etc." [Hubley, 1993].

Al-Mushaan and Abdul Latif Khalifa considered health behavior as a comprehensive concept for behavior patterns and attitudes related to health and disease, and the use of medical services. They also defined health behavior as all behavior patterns aimed at developing and enhancing individual health potentials [Mazen Ahmed, Nizar Al-Nafakh, and Salman Al-Janabi, 2008].

In general, health-related behaviour is any action related to preventing disease, maintaining health, improving or restoring health, and this type of behaviour can be either voluntary or involuntary.

4.3. Adolescence

Adolescence is defined as: "the stage between childhood and youth, beginning at puberty and ending with adulthood. Adolescents in this stage struggle to find their self-identity, exhibiting strange behaviors that deviate from societal norms [Barker, 1999].

According to Mouawad (1983), the linguistic meaning of adolescence is proximity, suggesting an association with puberty and dreams of future aspirations. Adolescence signifies closeness to puberty, and dreams symbolize the potential for future offspring [Adnan Abbas and Zahra Jaafar, 2013].

The World Health Organization considers adolescence as: "A period of growth and development spanning from childhood to adulthood, occurring between the ages of 10 and 19 years, representing a critical transitional period in life, characterized by high rates of growth and change" [WHO, n.d.].

Sillamy defines adolescence comprehensively as it touches all aspects of growth in this period, as it is a stage between childhood (which is still ongoing) and adulthood, characterized by physical and psychological changes, starting at 12 or 13 years old and ending between 18 and 20 years old, knowing that these boundaries are not accurate because the appearance and duration of adolescence vary by gender, race, geographical factors, as well as economic and social environment [Sillamy, 2004].

Methodologically, adolescence represents the fundamental characteristic of the research sample, where the sample includes adolescents belonging to the middle and late adolescence stages, thus ranging in age from 14 to 19 years old.

5. The research tool (the proposed prevention programme)

Friedman in Amira Hashim (2008) asserted that prevention programmes are in three stages as follows:

A. Primary prevention: Aims at preventing the occurrence of risky health behaviour or reducing its practice among individuals.

B. Secondary prevention: Aims to early identify risky health behavior patterns practiced by individuals, and to take early diagnosis and prevention measures as much as possible.

C. Tertiary prevention: Aims to mitigate the impact of risky health behaviors and prevent setbacks (Reference...)

The researcher has adopted the preventive counseling programme in the current study on the two stages (primary and secondary) to design the program for implementation on a sample of adolescents within educational institutions.

The researcher planned the proposed preventive counseling programme utilizing the Borders method, structured as follows: [Amira Hashim, 2008, p.212].

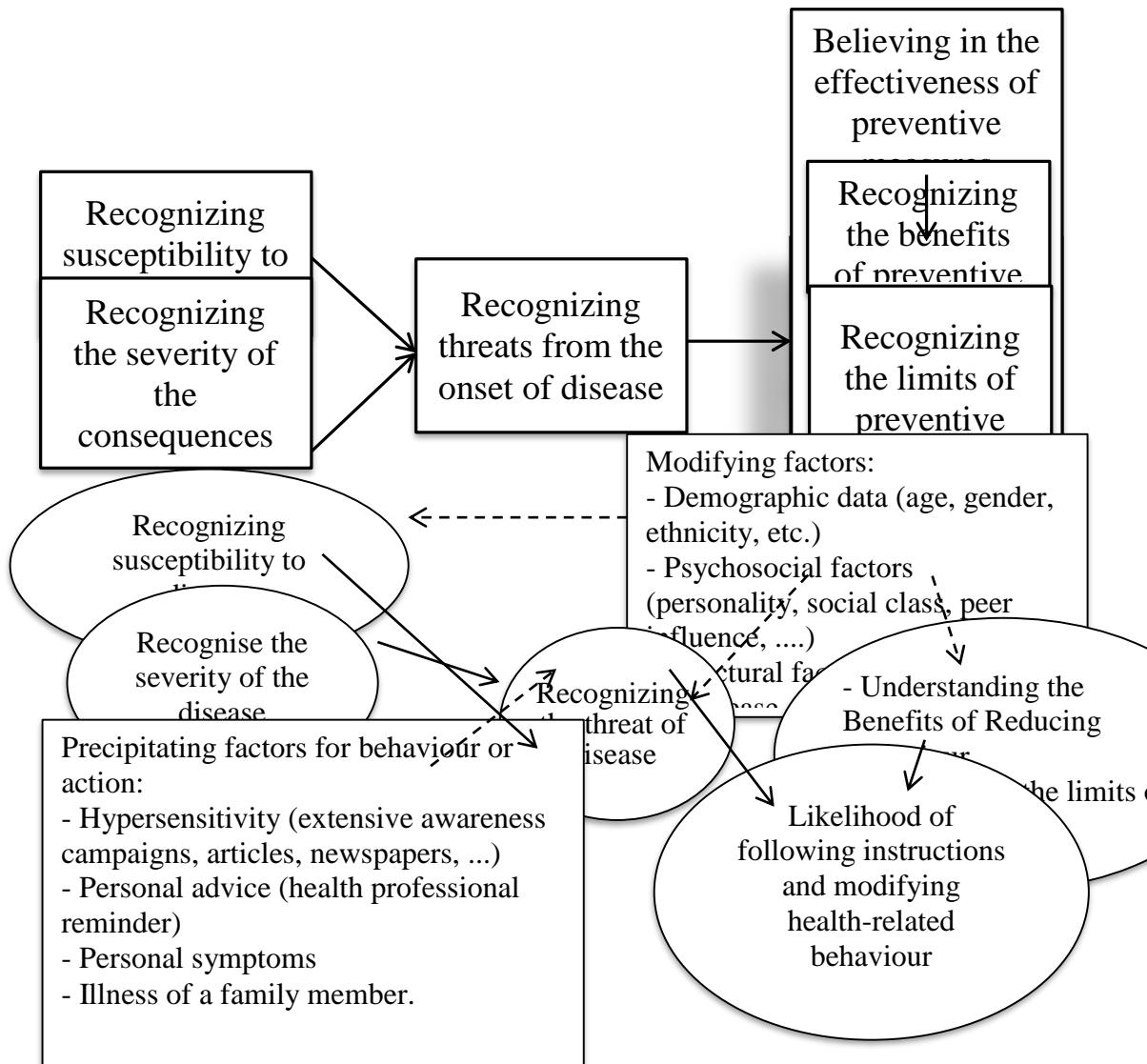
First: Theoretical Basis of the Programme

The construction of the preventive programme was based on the theories of Becker's Health Related Beliefs Model, a psychological model that attempts to explain and predict health behaviours by focusing on individuals' attitudes and beliefs. This model has been applied to predict a wide range of health-related behaviours such as early disease detection behaviors and vaccination acceptance [Nancy & Bekher, 1984].

Recently, this model has been applied to understand patients' responses to disease symptoms and compliance with medical regimens [Nancy & Bekher, 1984]. It has also been used to understand lifestyle behaviors such as sexual

behaviors, risky behaviors, and chronic disease-related behaviours, which may require long-term behavior maintenance and initial behavior change. Modifications to the Health Belief Model were introduced later in 1988 to incorporate emerging evidence in psychology regarding the role of self-efficacy in decision-making and behavior [Christopher & Carpenter, 2010].

Further elaboration can be provided through the following figures:



Additionally, the program's construction was based on McEwen's Motivational Health Readiness Model (MHRM), which considers health-related behavioral changes as linked to health and illness. It also takes into account the impact of personal, environmental, and cultural variables on health behaviors. However, this model remains unable to assess the relationship between locus of control and perceived effectiveness and their impact on motivation. Moreover, the model's variables possess the same importance in terms of their impact on motivation, although their effects vary from individual to individual. Many studies focusing on identifying incentives have obtained limited information about facilitators of behavior or why some individuals can maintain a healthy lifestyle. Thus, there is currently no scientifically identified study on the effects of incentives.

Regarding Action-related value perception, it reflects an individual's belief in the effectiveness of action, treatment efficacy, and response to mitigate or prevent health threats to which the individual is susceptible [Desmarais & Robichaud-Ekstrand, 1998].

Secondly: Identifying Adolescent Needs

The researcher identified adolescent needs based on the literature in the field of adopting healthy behaviors and behavior modification, as well as the theories underpinning the philosophical background of the preventive program.

Thirdly: Setting Program Objectives

General and specific objectives were identified according to the needs that were set, as follows:

1.General objectives:

- Increase health education and awareness among adolescents.
- Improving the quality of life for adolescents and youth
- Adoption of healthy lifestyles by adolescents and youth

2.Specific objectives:

Promote the practice of positive health behaviours.

3.Behavioral objectives:

A specific behavioral goal was set for each need (see the proposed preventive counseling program).

Fourthly: Selecting Counseling Methods to Achieve Program Objectives:

1.Cognitive influences on behavior, adapted from the Health Belief Model, focusing on four types of beliefs that increase the likelihood of performing behavior, whether related to health status or illness:

- * Perceived susceptibility: Understanding the susceptibility to illness.
- * Perceived severity: Which influences behavior more than the illness itself.

* Perceived threats from the onset of illness: If the individual is more susceptible to a serious illness, they will be more motivated to take action because the threats are high.

* Belief in the effectiveness of preventive actions based on perceived perceptions.

a. Preventive actions.

b. Constraints.

The perceived benefit associated with behavior effectiveness produces the desired effect. However, constraints represent the effectiveness of behavior that requires effort, time, and availability to perform (i.e., behavior performance). Consequently, the probability of taking necessary actions (behavior issuance) is higher when the perception of susceptibility to illness is high, and the benefits of constraints outweigh preventive actions [Robichaud-Ekstrand, Vandal, Viens, & Bradet, 2001].

2. Threat perception which is also adapted from the health-related beliefs model, namely: Perceived Sensitivity, Perceived Severity, Perceived Benefits and Perceived Consequences. More recently, self-efficacy, or an individual's confidence in the ability to successfully implement actions, has been added to better understand challenges related to unhealthy behaviours, such as: Smoking, overeating.

We illustrate these concepts briefly with applications related to each concept in the following table:

Concept	Definition	Applications
Perceived sensitivity	An individual's opinion about the chances of getting sick.	<ul style="list-style-type: none"> - Identifying individuals at risk. - Identifying levels of risk. - Categorizing risk, based on individual characteristics and behaviours. - Increase the intensity of sensitivity perception in individuals, especially if it is low.
Perceived Severity	An individual's opinion about the severity of their condition and what the consequences will be.	<ul style="list-style-type: none"> - Identify the implications of the risk and the status of the individual.
Perceived benefits	The individual's belief in the effectiveness of	<ul style="list-style-type: none"> - Identify the actions to be taken: How, when and where?

	recommended actions to minimize risk or severity of impact.	- Demonstrate the desired positive effects.
Perceived consequences	The individual's opinion of the tangible and psychological costs of the recommended actions	- Identify and minimize consequences through reassurance, incentives and support.
Self-efficacy	The individual's confidence in their ability to take action.	- Providing training, coaching and mentoring during the implementation of procedures.

Illustrative table of Static Concepts in the Health Related Beliefs Model and their Field Applications

Reference: [Champion & Skinner, 2008. p.48].

3. Increasing Motivation Associated with Positive Health Behaviors relies on the cognitive representation of health-threatening information and making decisions to engage in appropriate actions, i.e. adopting healthy behavior patterns. This model identifies three sets of variables that affect the motivation used to adopt or maintain healthy lifestyles, including:

- * Prior knowledge.
- * Individual perceptions (individual cognitions)
- * Modifying factors that influence the motivation associated with health behaviours.

Prior knowledge represents the quality and level of awareness or understanding of one's health.

Individual perceptions consist of:

- * Perception of the severity of the health problem.
- * Perception of the severity of the health problem.
- * Perception of value related to the action (behaviour).

4. Modelling: occurs at two levels

- * Live modelling: Through selecting a positive model for discussion, reinforcement, and hosting by an expert.
- * Symbolic modelling: Through films presented or exhibitions provided in the program.

5. Discussion with a consensus demand in decision-making relies on guided counselling, where the adolescent becomes aware of their health problems and unhealthy lifestyle and sets realistic aspirations for adopting positive health behaviors.

6. Implementation of the proposed preventive counselling program is assumed to be through group counseling within educational institutions, as follows: 15

adolescents in 10 counseling sessions, each session repeated twice with a two-day interval, to achieve a single behavioral goal.

Preventive Counselling Programme

Sess ion	Needs Type	Behaviour al Objective	Time	Prevention Strategies
01	Developing perceptions cognitive	Increasing the level of health culture.	30- 45 minutes	<ul style="list-style-type: none"> - Introducing adolescents to the positive aspects of all different types of health behaviors (nutrition behavior, sleeping behavior, physical activity, etc.) - Assigning adolescents to mention the standards and characteristics that define a person who practices positive health behavior. - Mentioning some wisdom, proverbs, and even prophetic hadiths related to health. - Identifying the meaning of a good and bad lifestyle according to teenagers. - Identifying adolescents' expectations about the counseling session. - Providing proposals to develop the counseling session.
02		Knowing the gravity of the consequences of risky health practices	1 hour 30 minutes	<ul style="list-style-type: none"> - Adolescents discuss a reading information leaflet about the dangers of poor health behaviour - Assigning adolescents to mention the perceived negatives of their daily health behaviors - Showing examples of cases of adolescents who smoke cigarettes or consume alcohol and drugs and the consequences of these behaviours. - Assigning adolescents to write an article expressing their views on the consequences of risky health practices (each individual writes about one risky health behavior, such as consuming tobacco, reckless driving, or drinking alcohol...) and then presenting each article to the group and discussing it. - Knowing adolescents' expectations about the counseling session. - Providing proposals to develop the counseling session.

03		Threat Perception Enforcement	1 hour 30 minutes	<ul style="list-style-type: none"> - Assign adolescents to describe and discuss health threats from their point of view - Assigning adolescents to write an article or present drawings about the dangers of risky health behaviors (such as reckless driving behavior, unhealthy sleeping habits, tobacco consumption behavior, drinking alcohol and drug use,...) - A joint and group discussion in which each adolescent presents the risks of his or her healthy behaviors from his point of view - Knowing adolescents' expectations about the counseling session - Providing proposals to develop the counseling session.
04		Developing a belief in the effectiveness of preventive measures	45 minutes to 1 hour	<ul style="list-style-type: none"> - A theoretical presentation of the role of preventive strategies and awareness campaigns in improving the quality of life of individuals - Adolescents present their ideas and opinions on how to practice positive health behaviors (healthy nutrition, physical activity,...) - Teaching adolescents how to maintain health by adopting a healthy lifestyle - Training on how to follow instructions and modify health-related behavior - Knowing adolescents' expectations about the counseling session - Providing proposals to develop the counseling session.
05	Increase Motivation Associated with the practice of positive health behaviours	Learning about previous health knowledge	45 minutes to 1 hour	<ul style="list-style-type: none"> - Discussing different types of healthy behaviors with adolescents - Discussing with adolescents the manifestations of all health patterns - Discussing with adolescents the various factors intervening and controlling the practice of positive or negative health behaviors - Knowing adolescents' expectations about the counseling session - Providing proposals to develop the counseling session.

06		Individual Health Perception	45 minutes to 1 hour	<ul style="list-style-type: none"> - Looking at adolescents' perceptions of positive and negative health behaviors. - Looking at adolescents' perception of health and illness. - Looking at adolescents' perception of a healthy lifestyle. - Looking at adolescents' perception of a good quality of life. - Looking into adolescents' perception of how to maintain health. - Knowing adolescents' expectations about the counseling session. - Providing proposals to develop the counseling session.
07		- Recognizing the value of an action	1 hour to 1 hour 30 m	<ul style="list-style-type: none"> - Showing short films about the quality of life and its manifestations among adolescents. - Presenting live models (participation of athletes, or specialists in developing good lifestyles) in order to raise awareness of the possibility of modifying valuable healthy behavior. - Knowing adolescents' expectations about the counseling session. - Providing proposals to develop the counseling session.
08		Developing some personality traits	1 hour	<ul style="list-style-type: none"> - Developing self-esteem by praising adolescents who practice some aspects of positive health behaviors - Developing some social skills, such as social control and self-affirmation, which contribute to making sound decisions regarding practicing positive health behaviors. - Developing awareness among adolescents and increasing motivation for achievement - Knowing adolescents' expectations about the counseling session - Providing proposals to develop the counseling session.
09		Knowledge of the determinants of	45 minutes to 1 hour	<ul style="list-style-type: none"> - Each adolescent is assigned to state his own health determinants that control his practice of various healthy behaviors, as well as offer

		health and how to manage their impact		suggestions for how to control their impact. - A group discussion of the various health determinants specific to adolescents within the session and a discussion of alternatives and methods of control - Knowing adolescents' expectations about the counseling session - Providing proposals to develop the counseling session.
10		Role Modelling	30- 45 minutes	- Every adolescent presents positive aspects to be practiced and thus attempts to modify previous health practices - Each adolescents provides a role model for practicing positive healthy behaviors (an athlete, a colleague,...) - Displaying adolescents' expectations for their future lifestyle. - Providing adolescents with symbolic gifts (magazines about health and lifestyle, brochures,...)

Recommendations and Suggestions

The researcher recommends the following:

- * Implementing the proposed preventive counseling program.
- * Conducting follow-up studies on the sample undergoing the counseling program to assess its effectiveness.
- * Implementing preventive counseling programs aimed at reducing risky health behaviors in educational institutions and integrating them into their annual programs.

6. Conclusion

Developing our knowledge about adolescent development and health involves familiarising ourselves with this type of information and its use in various fields and domains. Along the developmental trajectory, adolescents face numerous situations, possibilities, opportunities, constraints and external pressures that influence their decisions related to their personal and social development. They are also susceptible to risks and difficulties that affect their health, well-being, and academic success. The main health-related risks for adolescents are road accidents, sports or recreational injuries, learning and behavioral difficulties and disorders, school dropout, psychological stress, sexually transmitted diseases, blood-borne diseases, and the risks associated with tobacco, alcohol, and drug use.

Therefore, it is imperative to develop our knowledge about the lifestyles and quality of life of adolescents, especially in our societies, as well as the necessary understanding of all the factors that intervene and control their practice of various health behaviours, which which can significantly influence the health status and determine the lifestyle and quality of life of our youth.

7. REFERENCES

1. Ahmed, M., Al-Nafakh, N., & Al-Janabi, S. (2008). Health behaviour and attitudes among athletes. *Journal of Physical Education Sciences*, 1(7), 86–125. (in English)
2. Abbas, A. M., & Jaafar, Z. M. (2013). Fanaticism in adolescents: A comparative study. *Diyali Journal*, (58), 205–271. (in English)
3. Abd Allah AbdAl-Azim, H. (2012). *Counseling programmes*. Giza: Awlad Al-Sheikh Heritage Library. (in English)
4. World Health Organization. (2011). *Health risks for youth and proposed solutions: Fact Sheet No. 345*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs345/ar> (in English)
5. Hashim, A. J. (2008). Building a proposed preventive counselling programme for preventing drug addiction among university students. *Al-Qadisiyah Journal of Arts and Educational Sciences*, 7(1–2), 204–226. (in English)
6. Watson, R., & Lindgren, H. C. (2004). *Child and adolescent psychology* (D. E. Moumen, Trans.). Cairo: Madbouly Library. (in English)
7. Public Health Database. (2013). *Glossary*. Retrieved from <http://www.asp.bdsp.ehesp.fr> (in English)
8. Bantuelle, M., & Demeulemeester, R. (2008). *Risky behavior and health: Acting in the school environment; Effective programmes and strategies*. France: INPES (National Institute for Prevention and Health Education). (in English)
9. Barker, L. R. (1999). *The social work dictionary*. Washington, DC: NASW Press. (in English)
10. Champion, V. L., & Skinner, C. (2008). The health belief model. In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education* (4th ed., pp. 45–65). Jossey-Bass. (in English)
11. Christopher, J., & Carpenter, A. (2010). A meta-analysis of the effectiveness of health belief model variables in predicting behavior. *Health Communication*, 25(8), 661–669. (in English)
12. Desmarais, A., & Robichaud-Ekstrand, S. (1998). McEwen's conceptual model in cardiac rehabilitation. *The Canadian nurse*, 94(4), 40–46. (in French)

13. Glanz, K., & Maddock, J. (2002). Behavior, Health-Related. In *Encyclopedia of public health*. Retrieved from <https://www.encyclopedia.com/education/encyclopedias-almanacs-transcripts-and-maps/behavior-health-related> (in English)
14. Hubley, J. (1993). *Communication health book: An action guide to health education and health promotion* (pp. 70–220). London: MacMillan. (in English)
15. Jaffer, Y. A., Afifi, M., Al Ajmi, F., & Alouhaishi, K. (2006). Knowledge, attitude, and practices of secondary school pupils in Oman: Health-compromising behaviors. *Eastern Mediterranean Health Journal*, 12(1–2), 35–49. (in French)
16. Nancy, K., & Beker, M. (1984). The health belief model: A decade later. *Health Education Behavior*, 11(1), 1–47. <https://doi.org/10.1177/109019818401100101> (in English)
17. World Health Organization. (n.d.). *Adolescent health*. Retrieved from <https://www.who.int/health-topics/adolescent-health> (in English)
18. Robichaud-Ekstrand, S., Vandal, S., Viens, C., & Bradet, R. (2001). Models of health behavior. *Recherche en soins infirmiers*, (64), 59–77. (in French)
19. Silammy, N. (2004). *Dictionary of psychology*. France: Larousse. (in French)
20. Wardle, J., Steptoe, A., Bellisle, F., Davou, B., Reschke, K., Lappalainen, R., & Fredrikson, M. (1997). Healthy dietary practices among European students. *Health psychology: official journal of the Division of Health Psychology, American Psychological Association*, 16(5), 443–450. PMID: 9302541 <https://pubmed.ncbi.nlm.nih.gov/9302541/> (in English)
21. UNICEF. (2011). *Adolescence: The age of all possibilities*. Retrieved from [https://www.unicef.fr/sites/default/files/userfiles/SOWC%202011%20AD%20O\(3\).pdf](https://www.unicef.fr/sites/default/files/userfiles/SOWC%202011%20AD%20O(3).pdf) (in French)